

REPORT OF LOBBYING FIRM
(Government Code Section 86114)

FORM 625
1990

REPORT COVERS PERIOD FROM 10/01/2009 THROUGH 12/31/2009

CUMULATIVE PERIOD BEGINNING 01/01/2009

TYPE OR PRINT IN INK

For information required to be provided to you pursuant to the Information Practices Act of 1977, see Information Manual on Lobbying Disclosure Provisions of the Political Reform Act.

FOR OFFICIAL USE ONLY

A

B

NAME OF LOBBYING FIRM:

ADVOCAL

BUSINESS ADDRESS: (Number and Street)

(City)

(State)

(Zip Code)

TELEPHONE NUMBER:

SACRAMEN -
TO

CA

95811

MAILING ADDRESS: (If different than above)

PART I - (Read the instructions on the reverse before completing this section. Then, check one of the boxes below and complete Part I.)

- ☐ PARTNERS, OWNERS, OFFICERS, OR EMPLOYEES WHOSE "LOBBYIST REPORTS" (FORM 615) ARE ATTACHED TO THIS REPORT OR
- ☒ PARTNERS, OWNERS, OFFICERS, OR EMPLOYEES WHO ENGAGED IN DIRECT COMMUNICATION ON AT LEAST FIVE SEPARATE OCCASIONS DURING THE PERIOD

Employee

CARLYLE R. BRAKENSIEK

Employee

STEPHEN J. CATTOLICA

☐ If more space is needed, check box and attach continuation sheets.

SUMMARY OF PAYMENTS THIS PERIOD

A. GRAND TOTAL PAYMENTS RECEIVED: \$ 308877.75
(From Subtotals in Part II)

B. TOTAL ACTIVITY EXPENSES: \$ 0.00
(From Part III, Section A, 3)

C. TOTAL PAYMENTS TO OTHER LOBBYING FIRMS: \$ 6232.20
(From Part III, Section B)

D. GRAND TOTAL PAYMENTS MADE: \$ 6232.20
(B + C, above)

E. CAMPAIGN CONTRIBUTIONS MADE:

☒ None This Period ☐ Part IV Completed and Attached

F. IS THE FIRM A MEMBER OF A LOBBYING COALITION ?

☒ No ☐ Yes (Complete and attach Form 630)

VERIFICATION

I have used all reasonable diligence in preparing this Report. I have reviewed the Report and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on (Date)

At (City and State)

By (Signature of Responsible Officer)

01/21/2010

SACRAMENTO, CA

CARLYLE R. BRAKENSIEK

Name of Responsible Officer (Type or Print)

CARLYLE R. BRAKENSIEK

Title
CHAIRMAN OF THE BOARD (4450 -
00 SLC)

PERIOD COVERED: 10/01/2009 12/31/2009

NAME OF LOBBYING FIRM: ADVOCAL

PART II - PAYMENTS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY (Amounts may be rounded off to whole dollars. See Instructions on reverse.)				
Employer's Name, Address and Telephone Number ALZHEIMER'S FOUNDATION OF AMERICA NEW YORK NY 10001				
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) SR 29				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 2000.00	\$ 125.00	\$ 0.00	\$ 2125.00	\$ 12170.11
Employer's Name, Address and Telephone Number CALIFORNIA ALLIANCE OF RESALE MERCHANTS AND COLLECTORS SACRAMENTO CA 95811				
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) NONE				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Employer's Name, Address and Telephone Number CALIFORNIA ASSOCIATION OF LICENSED REPOSSESSORS SACRAMENTO CA 95811				
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) AB 515,519; SB 201,821				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 19200.00	\$ 300.00	\$ 0.00	\$ 19500.00	\$ 63554.88
SUBTOTAL			\$ 308877.75	

☒ If more space is needed, check box and attach continuation sheets

PART III - PAYMENTS MADE IN CONNECTION WITH LOBBYING ACTIVITIES					
SECTION A: ACTIVITY EXPENSES (See instructions on reverse.)					
1. ACTIVITY EXPENSES ARRANGED, INCURRED, OR PAID BY THE LOBBYING FIRM (OTHER THAN THOSE PAID OR INCURRED BY A LOBBYIST)					
Date	Name and Address of Payee	Name and Official Position of Reportable Persons and Amount Benefiting Each		Description of Consideration	Total Amount of Activity
			\$		\$
	Reference No:				
<input type="checkbox"/> If more space is needed, check box and attach continuation sheets			TOTAL SECTION A.1. (Include all subtotals from Continuation Sheets) \$ 0.00		
2. TOTAL ACTIVITY EXPENSES PAID, INCURRED, OR ARRANGED BY ALL LOBBYISTS EMPLOYED BY THE LOBBYING FIRM WHICH HAVE BEEN OR WILL BE REIMBURSED OR PAID BY THE FIRM.					\$ 0.00
3. TOTAL ACTIVITY EXPENSES (Section A, Parts 1 + 2)					\$ 0.00

PERIOD COVERED: 10/01/2009 12/31/2009NAME OF LOBBYING FIRM: ADVOCAL**PART III - PAYMENTS MADE** (Continued)

SECTION B: PAYMENTS MADE TO OTHER LOBBYING FIRMS

Name, Address and Telephone Number of Firm Contracted With	Name of Employer or Client for Whom Subcontractor was Retained to Lobby	Amount This Period	Cumulative Total to Date
WILLIAM 'BILL' F. DOHRING SACRAMENTO CA 95814	INDEPENDENT AUTOMOBILE DEALERS ASSOCIATION OF CALIFORNIA	\$ 6232.20	\$ 18364.20
<input type="checkbox"/> If more space is needed, check box and attach continuation sheets.		TOTAL PAYMENTS (Include all subtotals from continuation sheets)	\$ 6232.20

PART IV - CAMPAIGN CONTRIBUTIONS MADE (Monetary and non-monetary campaign contributions of \$100 or more made to or on behalf of state candidates, elected state officers and any of their controlled committees, or committees supporting such candidates or officers must be reported in A or B below.)

- A. If the contributions made by you during the period covered by this report, or by a committee you sponsor, are contained in a campaign disclosure statement which is on file with the Secretary of State, report the name of the committee and its identification number, if any, below.

Name of Major Donor or Recipient Committee Which Has Filed A
Campaign Disclosure Statement: _____

Identification Number if
Recipient Committee: _____

- B. Contributions of \$100 or more which have not been reported on a campaign disclosure statement, including contributions made by an organization's sponsored committee, must be itemized below.

Date	Name of Recipient	I.D. Number if Committee	Amount
			\$

☐ If more space is needed, check box and attach continuation sheets.

NOTE: Disclosure in this report does not relieve a filer of any obligation to file the campaign disclosure statements required by Gov. Code Section 84200, et seq.

PERIOD COVERED: 10/01/2009 12/31/2009

NAME OF LOBBYING FIRM: ADVOCAL

PART II - PAYMENTS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY (Amounts may be rounded off to whole dollars. See Instructions on reverse.)				
Employer's Name, Address and Telephone Number CALIFORNIA COIN AND BULLION MERCHANTS ASSOCIATION, INC. WOODLAND HILLS CA 91367				
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) BOARD OF EQUALIZATION, SENATE REVENUE, TAXATION COMMITTEE RE: T - RADE SHOWS AND NEXUS STATUS				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 3000.00	\$ 125.00	\$ 0.00	\$ 3125.00	\$ 12265.00
Employer's Name, Address and Telephone Number CALIFORNIA EQUINE INDUSTRY COUNCIL SACRAMENTO CA 95811				
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) NONE				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Employer's Name, Address and Telephone Number CALIFORNIA SOCIETY OF INDUSTRIAL MEDICINE AND SURGERY SACRAMENTO CA 95811				
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) SB 186; LEGISLATURE RE: ELECTRONIC ADJUDICATION MANAGEMENT SYSTEM; DEPT. OF INSURANCE RE: WORK COMP PREMIUM RATES; DIV. OF WORKER'S COMP RE: OFFICIAL MEDICAL FEE SCHEDULE				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 240213.80	\$ 0.00	\$ 0.00	\$ 240213.80	\$ 524271.54
PAGE SUBTOTAL			\$ 243338.80	

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NAME OF LOBBYING FIRM: ADVOCAL

PART II - PAYMENTS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY (Amounts may be rounded off to whole dollars. See Instructions on reverse.)				
Employer's Name, Address and Telephone Number CALIFORNIA SOCIETY OF PHYSICAL MEDICINE AND REHABILITATION LAS VEGAS NV 89147				
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) SB 186; LEGISLATURE RE: ELECTRONIC ADJUDICATION MANAGEMENT SYS - TEM; DEPT. OF INSURANCE RE: WORK COMP PREMIUM RATES				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 1030.00	\$ 0.00	\$ 0.00	\$ 1030.00	\$ 13355.32
Employer's Name, Address and Telephone Number COALITION OF CALIFORNIA HOME INSPECTORS PALM SPRINGS CA 92262				
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) AB 1118				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 500.00	\$ 61.95	\$ 0.00	\$ 561.95	\$ 6061.95
Employer's Name, Address and Telephone Number GOLDEN STATE FEED AND GRAIN SAFETY ASSOCIATION SACRAMENTO CA 95811				
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) NONE				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 0.00	\$ 615.00	\$ 0.00	\$ 615.00	\$ 615.00
PAGE SUBTOTAL			\$ 2206.95	

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PART II - PAYMENTS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY (Amounts may be rounded off to whole dollars. See Instructions on reverse.)				
Employer's Name, Address and Telephone Number INDEPENDENT AUTOMOBILE DEALERS ASSOCIATION OF CALIFORNIA SACRAMENTO CA 95811				
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) SB 757				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 17457.00	\$ 0.00	\$ 0.00	\$ 17457.00	\$ 74580.56
Employer's Name, Address and Telephone Number U.S. HEALTHWORKS, INC. VALENCIA CA 91355				
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) SB 186; LEGISLATURE RE: ELECTRONIC ADJUDICATION MANAGEMENT SYSTEM; DIV. OF WORKERS' COMP RE: OFFICIAL MEDICAL FEE SCHEDULE; DEPT. OF INSURANCE RE: WORK COMP PREMIUM RATES				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 21000.00	\$ 125.00	\$ 0.00	\$ 21125.00	\$ 91440.91
Employer's Name, Address and Telephone Number VISIONQUEST INDUSTRIES INC., DBA VQ ORTHOCARE IRVINE CA 92614				
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) SB 186; LEGISLATURE RE: ELECTRONIC ADJUDICATION MANAGEMENT SYSTEM				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 3000.00	\$ 125.00	\$ 0.00	\$ 3125.00	\$ 13491.77
PAGE SUBTOTAL			\$ 41707.00	

TEXT ANNOTATION

PAGE 0

Schedule F625P2

Reference No: 14999

* \$2,500 PAID BY B & P GLOBAL ENTERPRISES